WASTEWATER BRANCH HAWAII DEPARTMENT OF HEALTH

ENVIRONMENTAL ASSESSMENT CHECKLIST AND CERTIFICATION

PROJECT NAME:		
PROJECT NUMBER:		
(Applicant)	(State)	
	YES	NO
ENVIR. ASSESSMENT SUBMITTED:		
PRIOR DECISION DOC'T SUBMITTED:		
A. OEQC CRITERIA ADDRESSED:		
(1) ID of applicant:		
(2) ID of approv agency:		
(3) Agencies consulted:		
(4) Descrip. of proj. char:		
(5) Descrip. of envir:		
(6) Impacts and alternatives:		
(7) Mitigation measures:		
(8) Determination:		
(9) Findings and reasons:		
B. SERP CRITERIA ADDRESSED:		
1. Population projections current:		
2. "No-action" alternative:		

		YES	NO
3.	Impacts analysis addresses:		,
	a. prim & sec impacts:		
	b. social parameters:		
	c. cumulative impacts:		
	d. other projects:		
	e. sensitive issues:		
C. CROS	S CUTTERS ADDRESSED:		
1.	Arch & Hist Pres Act:		
2.	Clean Air Act:		
3.	Coastal Barrier Resources Act:		
4.	Coastal Zone Mang. Act:		
5.	Endangered Spec Act:		
6.	Environmental Justice:		
7.	Essential Fish Habitat:		
8.	Farmland Prot Act:		
9.	Fish & Wildlife Act:		
10.	Floodplain Mang EO:		
11.	Nat Hist Pres Act:		
12.	Safe Drink Water Act:		
13.	Prot of Wetlands EO:		
14.	Wild and Scenic Rivers Act:		

<u>CERTIFICATION:</u> (County certifies that it has conducted	ed a current assessment of the					
environmental impacts of the proposed project, and has disclosed, in the Environmental							
Assessment Documents referred to in this checklist, all known significant environmental							
impacts of the proposed project.)							
		<u></u>					
Signature	Title	Date					
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